

# Primum

"Primum non nocere"

*Arizona Medical Board and Arizona Regulatory Board of Physician Assistants*

## Inside this issue:

Are You Ready for EHRs? By Scott Endsley, M.D., MSc	2
My Experiences with EHRs By Albert Ray Tuttle, P.A.-C	3
Going Electronic By Roger Downey	4
The Waiting Room, Pt. 2 By Timothy Miller	5
Doctors Need to Warn Elderly Patients about Medicine Scams	5
Medical Board News	6
PA Board News	7
Recent Board Actions	8

## Electronic Health Records Are Coming, by Roger Downey

Arizona Governor Janet Napolitano wants a statewide Electronic Health Records system to happen here within four years. President Bush has called for a nationwide system to be in place by 2014.

This issue of Primum explores the Electronic Health Records conundrum. We want to provide licensees with the information that will help make you ready to shop when you and your office decide to take the plunge. Before venturing into the EHR marketplace, it is important to do your homework, so that what you end up with is what your practice needs to provide the best care at the best value.

In this issue we have information from the Health Services Advisory Group (HSAG) and the

Doctors' Office Quality Information Technology (DOQ-IT) program. The article by HSAG's Medical Director Scott Endsley, M.D., asks the most important question you need to answer before investing in a system: "Are You Ready for Electronic Health Records?" The Chair of the Arizona Regulatory Board of Physician Assistants has first-hand experience with EHRs. Read the piece by Ray Tuttle, P.A.-C, on how his office made the conversion. Also in this issue, are the concerns that staff members at some Phoenix-area practices have about financing and expense.

As always, we welcome your input. Please send your comments to me at:

[rdowney@azmd.gov](mailto:rdowney@azmd.gov).



The theme of this issue of Primum is Electronic Health Records, or EHRs.

We would like to publish them in a future issue.

- Roger Downey is the Public Information Director for the Arizona Medical Board.

## Physician Health Program, by Robert P. Goldfarb, M.D., FACS

A recent article in the *Annals of Internal Medicine* states that "one-third of physicians will have a condition that impairs their ability to practice medicine 'safely' some time during their careers." These conditions include mental and behavioral issues. The authors state that physicians have a higher sui-

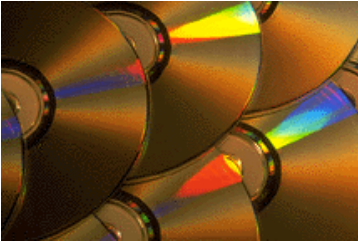
cide rate than the general population and that 3% to 5% will exhibit disruptive behavior.

The Arizona Medical Board has adopted a proactive confidential program to encourage physicians to voluntarily seek assistance before there is potential for patient harm. The program,

Physician Health Program (PHP), allows a physician to self-report and ensures treatment and post treatment monitoring, either before returning to the practice of medicine or while continuing to practice medicine. A peer review committee, hospital medical staff, health plan,

(Continued on page 3)

## The Arizona Roadmap



CD ROMs are one way to back up patient medical records

The Steering Committee of the Arizona Health-e Connection Task Force has approved the *Roadmap* for developing Electronic Health Records systems and has forwarded it to Governor Janet Napolitano.

The 97-page *Roadmap* contains a synthesis of the recommendations provided by the Task Groups and details an approach for achieving statewide exchange of healthcare information. It identifies key decision points by focusing on the “what, when, why and who” – what action needs to occur, when does the action need to occur, why is the action necessary, and who (individual/group/organization) is required to complete the action. The *Roadmap*

only touches on a few of the “how” questions; most of those issues will be answered in the implementation phase.

The *Roadmap* recognizes a fundamental distinction between Health Information Technology (HIT) and Health Information Exchange (HIE). The combination of HIT and HIE constitutes much of the *Roadmap*. Recognized key HIT products include electronic medical records (EMRs), ePrescribing and practice management systems (e.g., billing). High priority HIE projects include a patient health summary, statewide Web portal, secure messaging and infrastructure and a results delivery service (implemented on a regional basis).

The patient health summary has the most clinical value of all the potential initiatives. It provides an assembled view of a patient’s most pertinent medical characteristics such as lab results and trends, allergies and medications prescribed. The data, once standardized, can also serve as the basis of a personal health record.

Janet Marchibroda, CEO of eHealth Initiative, noted that the *Roadmap* moves Arizona to the forefront of statewide e-health endeavors. In addition, members of the Steering Committee were impressed with the scope of the document and the specificity of recommendations

*(Continued on page 12)*

## Are You Ready for EHRs?, by Scott Endsley, M.D., MSc

Dr. Endsley is the Medical Director of the Health Services Advisory Group in Phoenix.

*(Editor’s Note: The contents of this guest column do not necessarily reflect the position of the Arizona Medical Board.)*

In 2001, the Institute of Medicine (IOM) reported that there is a “quality chasm” between the care that Americans are receiving and the care that they could be receiving. The IOM report went on to identify health information technology (HIT) as a key to bridge this chasm.

In 2005, Arizona Governor Janet Napolitano issued an executive order to establish a statewide roadmap for HIT, with the goal of all Arizonans having electronic health information available by 2010. There are clear signs that Arizona physicians have already begun the transformation. According to a 2005 statewide survey, 13.5 percent of physicians in Arizona have adopted full electronic health records (EHRs) and another 30 percent report that they will purchase an EHR system in the next 12–18 months.

The Arizona Medical Board is helping the Health Services Advisory Group (HSAG), Arizona’s Medicare Quality Improvement Organization (QIO), publicize the Arizona Doctor’s Office Quality Information Technology (DOQ-IT) program. As part of a national initiative created by the Centers for Medicare & Medicaid Services, the Arizona DOQ-IT program is designed to assist physicians seeking information and technical advice on adopting and effectively using EHRs in their practice. Organizations supporting DOQ-IT include the Arizona Medical Association, the Arizona Osteopathic Association, the Arizona Academy of Family Physicians, the Arizona chapter of the American College of Physicians, and the Arizona Academy of Pediatrics.

EHRs improve patient safety, quality of care (especially for patients with chronic disease), and efficiency in your practice. These benefits flow from better documentation, results, and

order management; connectivity within and between practices; and more efficient administrative processes. Clinical decision support, secure messaging, electronic prescribing, reminders and reports, and assistance in evaluation and management coding are key functions that improve care.

Barriers to adoption of EHRs include costs, the rapid evolution of products, concerns about impact of EHRs on patient-physician communication, and the workflow and staff changes required to successfully implement full electronic medical records.

A full EHR system averages \$15,000 to \$30,000 per physician in up-front costs that include the software, hardware, interfaces to labs or hospitals, training. Continued maintenance is usually 18 percent to 20 percent of the initial cost annually. This initial investment can be recouped within two to

*(Continued on page 4)*

*“EHRs improve patient safety, quality of care (especially for patients with chronic disease) and efficiency in your practice.”*

## Physician Health Program

(Continued from page 1)

other health care practitioner, other health care entity, or family members may also report a physician to PHP. The Board developed PHP to protect the public and to encourage rehabilitation of the physician – the primary responsibilities of the Medical Board.

Currently the Board licenses nearly 18,000 MD's. In addition to licensing activities, the Board protects the public from unprofessional, improper or incompetent medical practices and rehabilitates physicians.

The Arizona Medical Board has the complex job of investigating and adjudicating complaints filed against physicians, including review of all malpractice settlements and judgments against physicians in malpractice cases. Many complaints against physicians are not found to violate the Medical Practice Act and, after careful

investigation, including medical review, are dismissed. However, if there appears to be a violation of the Medical Practice Act, the physician is invited to a Formal Interview before the Board for additional questioning and adjudication of the matter. The Board's disciplinary function is mandated in the Medical Practice Act and an overall view of "unprofessional conduct" is contained in A.R.S. § 32-1401 (27), which can be read on the Board's web site

([www.azmd.gov](http://www.azmd.gov)) and in your Medical Directory. I recommend that each physician review the entire Medical Practice Act, especially 32-1401 (27). Hopefully, by reviewing the statute you will be able to avoid interaction with the Board on some of these issues.

The Arizona Medical Board (formerly Board of Medical Examiners) consists of eight physicians who practice various medical and surgical specialties as well as four public members. All of whom are appointed by

the Governor and confirmed by the Arizona Senate.

As Board Chairman, I invite you to familiarize yourself with Board Statutes and Rules and visit the "Frequently Asked Questions" section of the Board's web site. I also invite you to attend the Board's meetings which are open to the public and function in compliance with the State's open meeting law.

Robert P. Goldfarb, M.D., F.A.C.S., is the new chairman of the Arizona Medical Board. He was elected at the February 2006 meeting of the Board. Dr. Goldfarb is a Board Certified Neurosurgeon and works in a private Neurology-Neurosurgery practice in Tucson. He has served as Chief of the Medical Staff at Tucson Medical Center, as a member of the Board of Trustees at El Dorado Hospital, and is a Clinical Associate Professor in the Department of Surgery at the University of Arizona.



## My Experiences with EHRs, by Albert Ray Tuttle, P.A.-C

During late January and early February of this year, the Family Practice I am employed by underwent the conversion from paper to electronic health records. After working with paper records for 20-plus years, I faced this with a great deal of pain and suffering. Looking back on this process, it was not nearly as painful as I thought it would be. I would like to share some insights I have gained during this process, in hopes that fellow PAs in the state will avoid some of the pitfalls involved with EHRs.

One of the first pitfalls involved with EHRs is the misconception that they will save time. After one month of using this system, I am only beginning to see the potential for time savings. EHRs definitely take more time up

front until you learn the specific idiosyncrasies of the software you are using. Be prepared for long days and long nights during the first few weeks of use.

When involved with EHRs, always remember GIGO—"Garbage in Garbage out." The data stored in the program is only as good as the data entered by the user. EHRs are medical records, and you will be held to the same standards of accuracy and completeness as with paper records.

Another pitfall in electronic health records involves the ability to fax prescriptions.

Remember that the regulations require that all prescriptions contain the name of the PA, the name of the PA's supervising physician, as well as the PA's

DEA number. Also remember that only non-scheduled drugs, and schedule III-V may be faxed in. **All schedule II drugs must have the original signature of the prescriber.**

Let me now talk about the benefits of EHRs. PAs and their practices should be paid for what they do. EHRs allow the PA to document more fully what they did, thereby increasing reimbursement. Therefore, it behooves PAs as professionals to document what they do but no more. With EHRs it is easy to document default settings for history and exam, but we should only document what we do. - PA Tuttle works for a medical practice in Safford, Arizona and chairs the Arizona Regulatory Board of Physician Assistants.



Physician Assistants in Arizona use and create Electronic Health Records.

## Are You Ready for EHRs?

(Continued from page 2)



*"There are over 400 EHRs on the market today. How can you make sense of them all?"*

three years, and thereafter can produce additional returns on investment of \$20,000-\$30,000 per physician, per year. The majority of the return on investment comes from better charge capture and reductions in defensive down-coding.

The number of financing options has increased. These options include leases that have the advantage of lower entry cost with often no down payment and lower monthly payments. Leases are tied to higher interest rates than bank loans but require much less paperwork. A number of banks, such as Bank of America, have developed specific loan programs for electronic medical records and have loan officers with specific expertise in technology. Although requiring more paperwork and establishment of collateral, bank loans generally have lower interest rates.

Finally, a growing number of EHR vendors are offering application service provider (ASP) options that allow the user to subscribe to the EHR service (\$200-\$800 per physician, per month) with access to the service through an Internet con-

nection. The advantages of ASP EHRs are the low cost, no requirement for servers on site, and maintenance and updating performed by the provider.

There are over 400 EHRs on the market today. How can you make sense of them all? One way is through the technical assistance provided by the Arizona DOQ-IT Program. The DOQ-IT program is a systematic and flexible approach to getting involved with EHRs that includes:

- Assessment of your practice's readiness for EHRs.
- Evaluation of your current work patterns and practice needs.
- Step-by-step evaluation of vendors based on your needs.
- Assistance in understanding pricing and contracts.
- Assistance in planning for implementation.
- Workflow redesign to better use your EHRs for chronic care improvement.

These services are offered through multiple options:

- 10-hour EHR University curriculum for which practices can sign up for specific 2-hour classes based on their needs
- On-site consultations
- Web resources on the DOQ-IT website ([www.azdoqit.org](http://www.azdoqit.org))
- Local physician champions trained in the DOQ-IT approach

All these services are provided at no charge to Arizona practices. To learn more, visit the DOQ-IT Web site at [www.azdoqit.org](http://www.azdoqit.org) or e-mail the DOQ-IT team at [azdoqit@hsag.com](mailto:azdoqit@hsag.com).

*This material was prepared by Health Services Advisory Group (HSAG), the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number: AZ-8SOW-1D-030706-01*

## Going Electronic, by Roger Downey, Public Information Officer



Scott Endsley, M.D., listens to question at EHR Information Night..

Scott Endsley, M.D. surveyed the room and then began his PowerPoint presentation with a series of statistics outlining the present situation regarding Electronic Health Records (EHRs). This was information night on February 28<sup>th</sup>, and Dr. Endsley came with plenty to share.

"Nationally," he told his audience of about 20 people, "13 to

20 percent of physicians are electronic; and 25 to 30 percent plan to be in the next 12 months." The Arizona present and future participation in EHRs is comparable.

Board Certified in Family Practice, Dr. Endsley speaks to a lot of groups these days as the medical director of the Health Services Advisory Group (HSAG), which has the contract

with the federal Centers for Medicare and Medicaid Services to offer EHR training to physicians in Arizona. HSAG operates Doctors' Office Quality Information Technology (DOQ-IT, pronounced "dock-it"). Dr. Endsley's job is to promote electronic records.

Here in Arizona, he said 98 percent of the nearly 1500

(Continued on page 7)



## The Waiting Room Part 2, by Timothy Miller

*Editor's Note: This is the second of two parts containing ten more important tips for patients who want to reduce the risk of medical errors. The first half of this article is in the first issue of Primum.*

By June 14, 2006, the Institute of Medicine believes that changes in procedures at hospitals and better medication reconciliation will save 100,000 lives. That's the goal of the Institute's 100K Lives Campaign that began in January 2005. More than 3,000 hospitals are taking part in the campaign including dozens here in Arizona. The Arizona Medical Board is also a participant. The idea for the campaign originated after the Institute's 1998 study that showed as many as 98,000 people die in the United States each year from medical errors.

In response to the medical-error study, the Agency for Healthcare Research and Quality at the US Department of Health and Human Services has developed 20 tips for patients to help reduce medical errors and increase the quality of their health care.

**11. If you are in a hospital, consider asking all health care workers who have direct contact with you whether they have washed their hands.** Hand washing is an important way to prevent the spread of infections in hospitals.

**12. When you are being discharged from the hospital, ask your doctor to explain the treat-**

**ment plan you will use at home.**

This includes learning about your medicines and finding out when you can get back to your regular activities. Research shows that at discharge time, doctors think their patients understand more than they really do about what they should or should not do when they return home. In addition, you should feel comfortable to call with questions after discharge.

**13. If you are having surgery, make sure that you, your doctor and your surgeon all agree and are clear on exactly what will be done.** Doing surgery at the wrong site (for example, operating on the left knee instead of the right) is rare. The American Academy of Orthopedic Surgeons urges surgeons to sign their initials directly on the site to be operated on before the surgery. In addition, patient and physicians will draw an "X" on the wrong site to reduce the possibility of a mistake.

**14. Speak up if you have questions or concerns.** It is your health; you have a right to question anyone who is involved with your care.

**15. Make sure that someone, such as your personal doctor, is in charge of your care.**

This is especially important if you have many health problems or are in a hospital. The coordination of care is very important in ensuring quality health care.

**16. Make sure that all health professionals involved in your care have important health information about you.** Do not

assume that everyone knows everything they need to. No one knows you better than you do.

**17. Ask a family member or friend to be there with you and to be your advocate (someone who can help get things done and speak up for you if you cannot).** Even if you think you do not need help now, you might need it later.

**18. Know that "more" is not always better.** In order to consent, you need all relevant information. Find out why a test or treatment is needed and how it can help you. You could be better off without it. Also, if the medication instruction is one pill every two hours, two pills every hour is not better.

**19. If you have a test, do not assume that no news is good news.** Ask about the results. There are several reasons why you might not get your results timely. If it has been longer than the physician told you, do not hesitate to call the office and ask for the results.

**20. Learn about your condition and treatments by asking your doctor and nurse and by using other reliable sources.** For example, treatment recommendations based on the latest scientific evidence are available from the National Guidelines Clearinghouse at [www.guideline.gov](http://www.guideline.gov). Ask your doctor if your treatment is based on the latest evidence.

- Timothy Miller is the Executive Director of the Arizona Medical Board and Arizona Regulatory Board of Physician Assistants



*"...at discharge time, doctors think their patients understand more than they really do..."*

## Doctors Need to Warn Elderly Patients About Medicine Scams

Attorney General Terry Goddard is warning consumers, especially those who are retired, to be aware that some unscrupulous salesmen are trying to scam them with fake Medicare Prescription Drug Benefit Cards. At least 13 states report that

scam artists are contacting seniors by telephone or in person offering to sell the phony benefit cards. Their sales pitch includes a series of lies such as telling seniors the cards will be mandatory and requesting a bank account number to cover

the costs of the cards. Physicians can help prevent their patients from becoming victims of this scam. Elderly patients should know not to give strangers their bank account, credit card account or Social Security numbers.



No legitimate business contacts people by phone for personal or financial information.

## Arizona Medical Board Selects 2006 Officers



L to R, Dr. Douglas Lee, Dr. Robert Goldfarb, and Dr. William Martin

The Arizona Medical Board elected new Officers for 2006 at its meeting on February 9th.

Selected as the new Chairman was Robert P. Goldfarb, M.D., FACS, of Tucson.

The Board named William R. Martin III, M.D., of Phoenix the Vice-Chairman and Douglas D. Lee, M.D., of Flagstaff, Board Secretary.

Dr. Goldfarb succeeded Timothy B. Hunter, M.D., FACR, as Chair-

man. Dr. Hunter remains as a physician member of the 12-member Board.

The officers will serve in their posts until the next election at the February 2007 meeting.

Dr. Goldfarb is a Board Certified neurosurgeon. Dr. Martin is Board Certified in orthopedic surgery; and Dr. Lee is Board Certified in anesthesiology.

## Newest Medical Board Member

Pat Griffen, the founding executive director of an organization that helps women and children who are victims of abuse, is the newest member of the Arizona Medical Board. Governor Janet Napolitano appointed her to the Board as one of four public members. She succeeds Ronnie Cox, Ph.D., whose five year term had come to an end. She attended her first scheduled Board meeting as a member on April 5, 2006. 25 years ago, Ms. Griffen founded Against Abuse, Inc., to provide

domestic violence and child abuse shelter services to the citizens of Pinal County. She has been active in the field of private, non-profit management for the past 35 years. Ms. Griffen is currently the Secretary of the Pinal County Victim Compensation Program, the Chair of the City of Casa Grande Personnel Advisory Board, the Chair of the Desert Pavilion Advisory Board, and the Chair of the RTA Hospice Foundation Board of Directors.



## Next Issue

The next issue of Primum will focus on the Medical Practice Act, specifically the statutes relating to unprofessional conduct.

Internet prescribing will be among the topics covered with real life case information explaining why such activities are unprofessional conduct.

Members of the Arizona Medical Board have stated on a number of occasions that it is important for physicians to know the laws that pertain to the practice of medicine.

## Medical Board Term Expires for Ronnie Cox

The two-day, Arizona Medical Board Meeting in February was the last for Ronnie Cox, Ph.D, one of four public members.

Board Chair Timothy Hunter presented Dr. Cox with a plaque of appreciation for his service.

Dr. Cox complimented his fellow Board Members and Board Staff, saying they are "smart, compassionate and commit-



ted." Dr. Cox added that the public health and safety of citizens was in good hands.

A 13-month tour in Iraq interrupted Dr. Cox's term. A colonel in the Army Reserves, Dr. Cox returned from duty in the Spring of 2005.

Dr. Cox is a member of the faculty at Arizona State University.

## ARBoPA Officers Named to Serve a Second Term

During its March 1st Meeting, the Arizona Regulatory Board of Physician Assistants didn't need to count any ballots.

Members of the Board voted by acclamation to retain Albert Ray Tuttle, P.A.-C, as their Chairman and Joan M. Reynolds, P.A.-C, as Vice-Chairman.

PA Tuttle is employed by the Family Medical Center in Saford, Arizona and works part-time in the Emergency Room of the Mount Graham Regional Medical Center. He became a

physician assistant in Arizona in 1981.

PA Reynolds is a practicing physician assistant at the Mayo Clinic in Scottsdale. She has worked in primary care settings since acquiring her PA license in 1986.

Mr. Tuttle and Ms. Reynolds will serve in their positions until the first meeting of 2007 when the election of new officers is scheduled.



## Going Electronic, by Roger Downey, Public Information Officer

(Continued from page 4)

primary care practices have eight or fewer physicians and 92 percent of practices have three or fewer doctors. Dr. Endsley indicated getting small and medium-sized practices to move to EHRs is slow-going because of the cost, but spending money doesn't ensure a successful transition. He identified a number of "critical success factors." They include a Physician Champion, a doctor who has moved to EHRs and is willing to share his time and knowledge with others. Successful practices have a "project team" who consider it a true project like remodeling. They look to match the practice's needs with product capabilities. The team gathers complete vendor information so that everyone understands what they're getting into. The leg-work enables the team to make an educated decision on what fits their needs. Before signing a contract for an EHR system, the team takes the system for a "test-drive" with the most difficult and complicated patient.

The team chooses one person to be their internal "super-user" – the person who is most able to answer others' questions. As they size up the right vendor, the practice project team understands they are establishing a long term relationship and don't view it as a one-time purchase.

In all, Endsley spent about an hour going over what physicians should know about EHRs and the steps they should follow before and after incorporating a system into their practices. Following the presentation, Primum spoke with several people in attendance. All said the cost of implementing an electronic health records system is a serious issue.

Some, like Retired Superior Court Commissioner Judith Joseph – the wife of Stephen Fry, M.D. – are concerned about buying into new technology. Comparing it to choosing between VHS and BETA videotape platforms. And yet, Joseph agreed time is running out to get on board with something because of the economic situa-

tion physicians in small and medium practices find themselves. "Family practices are really squeezed," she said. "The insurance companies pay less – the patients think everything should be paid for by their insurance because they have such high premiums – but their insurance doesn't pay the doctors." Despite her concerns, she expects the correct decision on a system will help doctors keep better control of rising costs.

Richard West, whose wife is Stephanie Kramer, M.D., has experienced the difficulties in outfitting an OB-GYN practice in California with an EHR system, setting it up and then maintaining it. He has already researched three systems that handle medical records for OB-GYNs and pediatricians in trying to find the one that works best for his wife's group. West says he is seriously considering a subscription service where a company provides the system's basics, maintains the records at a remote location and charges

*"I think that jumping in too soon in this particular stream could be deadly, especially when you're talking about \$20,000 per doctor."*



Video shows a physician using a laptop in his car to access EHRs stored on his office computer.

(Continued on page 9)



## Recent AMB and ARBoPA Actions and Orders

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants have legal authority to revoke, suspend, restrict, fine, reprimand or censure, require monitoring or additional education, or impose other remedial measures on the license of an allopathic physician (M.D.) or PA if the licensee has committed unprofessional conduct or is mentally or physically unable to safely engage in the practice of medicine.

The Boards have recently taken the following actions:

### AMB

#### Paul S. Bergeson, M.D.

(Phoenix—Pediatrics)

AZ License No. 6872

Accepted a Consent Agreement for Practice Limitation—Shall not practice clinical medicine or any medicine involving direct patient care. Prohibited from prescribing any form of treatment including prescription medications.

#### Roy R. Gettel, M.D.

(Tucson—Orthopaedic Surgery)

AZ License No. 11015

Decree of Censure and 5 years Probation. May not perform orthopedic surgery

ies requiring open reduction and internal fixation.

#### D. Paul Knapp, M.D.

(San Diego—Dermatology)

AZ License No. 22830

Decree of Censure and 5 years Probation for action taken against him by other licensing and regulatory boards. May not supervise physician assistants.

#### Thomas J. Grade, M.D.

(Mesa—Anesthesiology/Internal Medicine)

AZ License No. 10424

Summary Restriction on 12/7/2005, pending a Formal Hearing. Shall not prescribe Schedule II and Schedule III medications.

#### James D. Gadd, M.D.

(Phoenix—Anesthesiology)

AZ License No. 8696

3 years Probation with Practice Restriction. Shall not practice clinical medicine or medicine involving direct patient care until receiving permission from the Board.

#### Richard J. Reid, M.D.

(Phoenix—Anesthesiology/Pain Management)

AZ License No. 19106

Revocation of License for unprofessional conduct.

#### Sudhir K. Goel, M.D.

(Phoenix—Internal Medicine)

AZ License No. 27103

Summarily suspended and referred to Formal Hearing at the Office of Administrative Hearings.

#### Harshad S. Patel, M.D.

(Sun City—Internal Medicine)

AZ License No. 22757

Practice restricted to male patients.

(Continued on page 9)

## Explanation of Terms

**Revocation** — Termination of a licensee's right to practice medicine or perform health care tasks in Arizona. A referral to a formal hearing is necessary.

**Suspension** — The Board may suspend a license for 12 months or less without a formal hearing. A suspension of more than 12 months may be issued after a formal hearing. A suspension may be used as a punishment to restrict financial gain.

**Decree of Censure** — Not defined in statute, but is identified as an "official action against the license..." A Decree of Censure may be issued by itself or in conjunction with terms of probation. A Decree of Censure may also include a requirement that restitution be paid to a patient.

**Letter of Reprimand** — A disciplinary order issued by the Board. It informs the licensee that his/her conduct violates state or federal law and may require the Board to monitor the licensee. A Letter of Reprimand may be issued by itself or in conjunction with terms of probation.

**Consent Agreement** — An agreement between the Board and a licensee to resolve a case with either a disciplinary or rehabilitative action. Once a consent agreement has been reached, the licensee cannot appeal.



## Recent AMB and ARBoPA Actions and Orders

(Continued from page 8)

### John C. Woods, M.D.

(Pinetop—Psychiatry)

AZ License No. 19005

Revocation of License for unprofessional conduct.

### Tammy L. Tadam, M.D.

(Emergency Medicine)

AZ License No. 31547

Revocation of License for unprofessional conduct.

### Abdol R. Arjmandfar, M.D.

(Mesa—Internal Medicine)

AZ License No. 33227

Summarily suspended and referred to Formal Hearing at the Office of Adminis-

trative Hearings.

### Lance A. May, M.D.

(Internal Medicine)

AZ License No. 34267

Summary suspension on 2/27/2006 for conduct that might be dangerous to the health of the patient or public.

### William E. Mora, M.D.

(Phoenix—Hand Surgery/Plastic Surgery)

AZ License No. 13088

Accepted an Interim Consent Agreement for Practice Restriction. Shall not practice clinical medicine involving direct patient care until receiving Board Approval.

### Michael S. Biscoe, M.D.

(Phoenix—Internal Medicine)

AZ License No. 20915

Inactivation of License with Cause.

### Lawrence E. Pritchard, M.D.

(Emergency Medicine)

AZ License No. 19260

Revocation of License for unprofessional conduct.

### Scott R. Werner, M.D.

(Family Practice)

AZ License No. 17352

Surrendered License. Action taken against a physician by another licensing or regulatory agency.

(Continued on page 10)

## Going Electronic, by Roger Downey, Public Information Officer

(Continued from page 7)

a monthly fee. “(The doctors) don’t really want to have the hardware in-house,” West explains. “They want to have it over the Internet which really promotes boundless mobility, no matter where you are.”

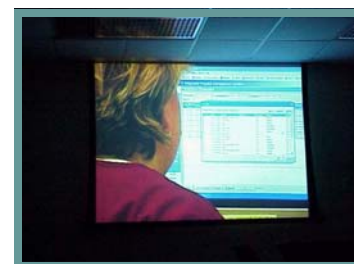
During the video part of the presentation, Carl Retter—an office manager—said he paid particular attention to the reaction at one practice in Utah that converted to electronic medical records. Some of the staff told interviewers they “wanted to kill” when they struggled to learn how to use the system. Retter believes that training the office staff is “a difficult thing because not only do they have to do the work they’re doing,

they’ve got to change the way they’re doing it while the patients continue to flow through the office.”

As to who would have more trouble implementing EHRs, physicians or office staff, Retter was quick to answer office staff. Doctors would see an electronic records system as a time-saver, he said; no case dictation and no checking of the transcriptions with the ability to access the records from a remote location. “But the office staff is going to have to deal with both systems (old and new) – the overlap and transition – and I don’t think there’s as much incentive for them.”

Retter, Joseph and West indicated they still needed to do

more fact-finding. Joseph said she planned to sign up for the more detailed EHR University offered by the Health Services Advisory Group of Phoenix. Aimed at primary-care physicians, office managers and staffers, the five-week series begins on April 4, May 4 and June 1. All sessions are free and are held in the evenings at the HSAG Offices at 1600 East Northern Avenue in Phoenix.



Video shows a staff member studying a patient's EHR on her computer monitor.

## Recent AMB and ARBoPA Actions and Orders

(Continued from page 9)

### Gary L. Lowery, M.D.

(Orthopaedic Surgery)

AZ License No. 24907

Surrendered License. Violation of a formal order, probation, consent agreement or stipulation entered into by the Board or its Executive Director.

### Alan I. Richman, M.D.

(Internal Medicine)

AZ License No. 25503

Surrendered License. Action taken against a physician by another licensing regulatory agency.

### Lawrence C. Runke, M.D.

(General Surgery)

AZ License No. 8190

Surrendered License. Dispensing medications with a suspended dispensing certificate.

### Bruce Hunter, M.D.

(no specialty)

AZ License No. 24075

Summary Suspension of License pending a Formal Hearing (2/4/2006)

### Stephen E. Flynn, M.D.

(Phoenix—General Surgery)

AZ License No. 3351

Summary Suspension of License pending a Formal Hearing (1/30/2006).

### Walter J. Jasin, M.D.

(Sierra Vista—Otolaryngology)

Interim Order for a Practice Restriction. Shall not practice clinical medicine or any medicine involving direct patient care.

### Dale W. Struble, M.D.

(Internal Medicine)

AZ License No. 34790

Accepted an Interim Consent Agreement for Practice Restriction. Shall not practice clinical medicine or any medicine involving direct patient care.

### Alexander C. Miles, M.D.

(Kingman—Anesthesiology)

AZ License No. 31553

Accepted Interim Consent Agreement for Practice Restriction. Shall not practice clinical medicine or any medicine involving direct patient care and is prohibited from prescribing any form of treatment including prescription medications.

### Mahendra Nath, M.D.

(Fresno, CA—Pain Medicine & Rehabilitation)

AZ License No. 10234

Accepted Interim Consent Agreement Shall not practice clinical medicine or any medicine involving direct patient care and is prohibited from prescribing any form of treatment including prescription medications.

### Leandro F. Bateria, M.D.

(Family Practice)

AZ License No. 26528

10 years Probation. Action taken by another state for unprofessional conduct. Shall not practice clinical medicine in Arizona until completion of plan outlined in North Dakota Board Order.

### Mary Ethelnyne Groves, M.D.

(Chandler—Family Practice)

AZ License No. 30315

Summary Suspension of License (10/18/2005) pending Formal Hearing.

## AMB Stats

At its December 2005 meeting, the Board approved:

- 2 Revocations (1 stayed)
- 1 Referral to Formal Hearing
- 2 Summary Restrictions
- 2 Probations
- 3 Decrees of Censure
- 10 Letters of Reprimand
- 16 Advisory Letters
- 8 Dismissals
- 7 Dismissals by the Executive Director Upheld
- 2 Motions for Rehearing Denied
- 4 Invited for Formal Interview at a future Board meeting.

(Continued on page 11)

## Recent AMB and ARBoPA Actions and Orders

(Continued from page 10)

At its February 2006 meeting, the Board approved:

- 3 Revocations
- 3 Surrenders of Licenses
- 2 Denials of Licenses Upheld
- 3 Decrees of Censure
- 13 Letters of Reprimand
- 11 Advisory Letters
- 7 Dismissals
- 4 Dismissals by the Executive Director Upheld
- 3 Motions for Rehearing Denied
- 2 Invited for Formal Interview at a future Board meeting.

### ARBoPA

Karlyne Felicia Sanders, P.A.

AZ License No. 2498

Revocation of License for unprofessional conduct; felony conviction; inappropriate prescribing.

Kathleen King, P.A.

(Page, Arizona)

AZ License No. 3195

Accepted a Consent Agreement for Surrender of License. Failure to submit to biological fluid collection and violation of Board Order.

Leon Garza, P.A.-C

(Kingman, Arizona)

AZ License No. 2619

Decree of Censure for unprofessional conduct. Prescribing excessive narcotics; violation of any federal or state law. One year Probation. Shall not prescribe and Schedule II through V controlled substances.

### Drug, Alcohol, Mental or Physical Concern?

The Medical Board's Physician Health Program wants to work with you to help.

For more information on the program, call Kathleen Muller, PHP Manager, at (480) 551-2716.

**All calls are confidential.**

## Informed Consent

Informed consent is more than simply getting a patient to sign a consent form. It is a process of communication between a patient and a physician that results in the patient's authorization or agreement to undergo a specific medical intervention.

In the communications process, the physician providing or performing the treatment and/or procedure should disclose and discuss with your patient:

- The patient's diagnosis, if known;
- The nature and purpose of a proposed treatment or procedure;
- The risks and benefits of a proposed treatment or procedure;
- Alternatives (regardless of their cost or the extent to which the treatment options are covered by health insurance);
- The risks and benefits of the alternative treatment or procedure; and
- The risks and benefits of not receiving or undergoing a treatment or procedure.

In turn, the patient should have an opportunity to ask questions to elicit a better understanding of the treatment or procedure, so that he or she can make an informed decision to proceed or to refuse a particular course of medical intervention.

Source: American Medical Association

## Reasons for Medical Board Actions

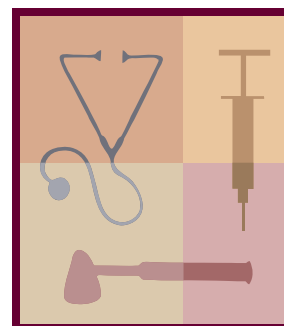
Knowing why physicians have come to the attention of the Medical Board may be helpful information to other licensees.

The Board approved Decrees of Censure for physicians who inappropriately prescribed and monitored medications; who failed to keep adequate medical records; who were grossly negligent in the management of a pregnant patient; and who did

not abide by an earlier Consent Agreement with the Board.

Board Members approved Letters of Reprimand in cases where physicians failed to read an X-ray correctly; performed the wrong surgery; admitted consensual sexual relationship with patients; and who self-prescribed and/or prescribed to family members.

Non-disciplinary Advisory Letters were issued in cases where doctors performed inadequate breast exams; signed blank, undated prescriptions; failed to properly manage medication side effects; disclosed privileged information; improperly managed a patient; and failed to follow up on, or independently evaluate, an imaging study.



## Arizona Medical Board and Arizona Regulatory Board of Physician Assistants

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Scottsdale, AZ 85258

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E-mail: [rdowney@azmd.gov](mailto:rdowney@azmd.gov)

*The Arizona Medical Board is committed to serving the public through the honest, fair, and judicious licensing and regulation of allopathic physicians (MDs). As it has in the past, the Arizona Medical Board will continue to gain public respect and trust by focusing on the issues that will shape positive healthcare environments.*

*As the utilization of physician extenders, such as physician assistants, continually increases, the Arizona Regulatory Board of Physician Assistants stays in touch with community needs and implements health care policy reforms to protect the public and provide guidance to its licensees. Within the last few years, the Board has systematically revised its laws and rules to stay ahead of healthcare trends.*

## The Arizona Roadmap

(Continued from page 2)

provided in such a short period of time.

The *Roadmap* suggests that most HIT costs should be absorbed by the organization that is the primary user of the HIT system. In fact, many Arizona clinicians have already invested in such systems. A possible approach for clinicians that cannot afford a full EMR system is to offer a sub-set of those services through a Web-based system. It is believed this more affordable option could be offered to clinicians for approximately \$3,000 per clinician per annum.

The *Roadmap* contains a transition plan that will move the project into first year implemen-

tation, including development of a permanent governance organization. We anticipate there will be opportunities to participate by helping address issues during the transition. This may happen through re-convening some of the Task Groups or by using focus and other work groups. For example, the Privacy and Security group will reconvene in the near future pending successful award of a federal grant to Arizona.

The *Roadmap* states that the process of implementation is incremental, long and difficult because there is no standard solution that is widely accepted. The full report is available on the Government Information Technology Agency (GITA) web site, [www.azgita.gov](http://www.azgita.gov).

## You Can Help DOQ-IT

Where do you and your office stand with Electronic Health Records?

Doctors' Office Quality Information Technology (DOQ-IT) would like to know your level of expertise and experience.

Please take three (3) minutes to complete the survey, which is available online at: [www.azdoqit.org/ehr](http://www.azdoqit.org/ehr).

It is important for DOQ-IT to know if you have not yet instituted an EHR system for your practice, if you're just beginning to get involved, or if you've had one for some time and consider yourself to be quite proficient.

By getting involved, you will help Arizona become a national leader in EHR adoption.

